

FILED JUL 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18080

BIRTH NO.		REG. DIST. NO. 74		PRIMARY REG. DIST. NO. 4136		Registrar's No. 24	
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Plattsburg</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Plattsburg</u>		d. STREET ADDRESS (If rural, give location) <u>607 Maple</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>607 Maple</u>				d. STREET ADDRESS (If rural, give location) <u>607 Maple</u>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
CHARLES		EUGENE		YOUNG		4. DATE OF DEATH (Month) (Day) (Year) <u>June 24 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>June 14 1874</u>	
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Clinton County Missouri U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>B. F. Young</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Whitaker</u>		14. NAME OF HUSBAND OR WIFE <u>Rhodes N. Young</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rhodes Young</u>		ADDRESS <u>Plattsburg MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Permeable Anemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		2900	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1953</u> 19____, to <u>June 24, 1955</u> , that I last saw the deceased alive on <u>June 24, 1955</u> , and that death occurred at <u>10 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. C. J. Aldrich M.D.</u>		(Degree or title)		23b. ADDRESS <u>Plattsburg Mo.</u>		23c. DATE SIGNED <u>June 24 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-27-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CHURCH</u>		24d. LOCATION (City, town, or county) (State) <u>Plattsburg MO.</u>	
DATE REC'D BY LOCAL REG. <u>June 26-55</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Scarce</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. Lyon</u>		ADDRESS <u>Plattsburg, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Danell N. Lyon

Licensed Embalmer No. *3640*

P. O. Address *Wattsburg N.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.